



Complete Summary

TITLE

Geriatrics: percentage of patients aged 65 years and older discharged from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the outpatient medical record documented.

SOURCE(S)

American Geriatrics Society, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Geriatrics physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Aug. 41 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged 65 years and older discharged from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the outpatient medical record documented.

RATIONALE

Medications are often changed when a patient is hospitalized. Continuity between inpatient and on-going care is essential.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

No trials of the effects of physician acknowledgment of medications post-discharge were found. However, patients are likely to have their medications changed during a hospitalization. One observational study showed that 1.5 new medications were initiated per patient during hospitalization, and 28% of chronic medications were canceled by the time of hospital discharge. Another observational study showed that at one week post-discharge, 72% of elderly patients were taking incorrectly at least one medication started in the inpatient setting, and 32% of medications were not being taken at all. One survey study faulted the quality of discharge communication as contributing to early hospital readmission, although this study did not implicate medication discontinuity as the cause. (ACOVE)

First, a medication list must be collected. It is important to know what medications the patient has been taking or receiving prior to the outpatient visit in order to provide quality care. This applies regardless of the setting from which the patient came — home, long-term care, assisted living, etc.

The medication list should include all medications (prescriptions, over-the-counter, herbals, supplements, etc.) with dose, frequency, route, and reason for taking it. It is also important to verify whether the patient is actually taking the medication as prescribed or instructed, as sometimes this is not the case.

At the end of the outpatient visit, a clinician needs to verify three questions:

1. Based on what occurred in the visit, should any medication that the patient was taking or receiving prior to the visit be discontinued or altered?
2. Based on what occurred in the visit, should any medication be suspended pending consultation with the prescriber?
3. Have any new prescriptions been added today?

These questions should be reviewed by the physician who completed the procedure, or the physician who evaluated and treated the patient.

If the answer to *all three questions* is "no," then the process is complete.

If the answer to *any question* is "yes," the patient needs to receive clear instructions about what to do — all changes, holds, and discontinuations of medications should be specifically noted. Include any follow-up required, such as calling or making appointments with other practitioners and a timeframe for doing so. (Institute for Healthcare Improvement [IHI])

PRIMARY CLINICAL COMPONENT

Geriatrics; medication reconciliation

DENOMINATOR DESCRIPTION

All patients aged 65 years and older discharged from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care

NUMERATOR DESCRIPTION

Patients who had a reconciliation of the discharge medications with the current medication list in the outpatient medical record documented (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Becker MH, Maiman LA. Sociobehavioral determinants of compliance with health and medical care recommendations. Med Care 1975 Jan;13(1):10-24. [111 references] [PubMed](#)

Beers MH, Sliwkowski J, Brooks J. Compliance with medication orders among the elderly after hospital discharge. Hosp Formul 1992 Jul;27(7):720-4. [PubMed](#)

Coleman ET, et al. Post-hospital medication discrepancies: prevalence, types, and contributing factors. Program and abstracts of the Society of Hospital Medicine Annual Meeting. Chicago (IL): 2005 Apr 29-30. Abstract 13 p.

Schoen C, Osborn R, Huynh PT, et al. Taking the pulse of health care systems: experiences of patients with health problems in six countries. In: Health Affairs Web Exclusives; 2005 Nov 3

Williams EI, Fitton F. General practitioner response to elderly patients discharged from hospital. BMJ 1990 Jan 20;300(6718):159-61. [PubMed](#)

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 65 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Safety

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged 65 years and older discharged from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients aged 65 years and older discharged from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care

Exclusions

None

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Encounter
Institutionalization
Patient Characteristic

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients who had a reconciliation of the discharge medications with the current medication list in the outpatient medical record* documented

*The medical record must indicate that the physician is aware of the hospital discharge medications and will either keep the hospital discharge medications or change the hospital discharge medications or the dosage of a hospital discharge medication.

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties**EXTENT OF MEASURE TESTING**

Unspecified

Identifying Information**ORIGINAL TITLE**

Measure #1: medication reconciliation.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

MEASURE SET NAME

[Geriatrics Physician Performance Measurement Set](#)

SUBMITTER

American Medical Association on behalf of the American Geriatrics Society, the National Committee for Quality Assurance, and the Physician Consortium for Performance Improvement®

DEVELOPER

American Geriatrics Society
National Committee for Quality Assurance
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ENDORSER

National Quality Forum

INCLUDED IN

Ambulatory Care Quality Alliance
Physician Quality Reporting Initiative

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2006 Nov

REVISION DATE

2007 Aug

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Geriatrics Society, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Geriatrics physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Aug. 41 p.

MEASURE AVAILABILITY

The individual measure, "Measure #1: Medication Reconciliation," is published in the "Geriatrics: Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on August 13, 2008. The information was verified by the measure developer on September 30, 2008.

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